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|---|--|-------------------|-------------|-----|
| UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Attorney Docket No. | 9710-004 | Total Pages | 287 |
| | First Named Inventor or Application Identifier | | | |
| | GRIFFAIS, REMY | | | |
| | Express Mail Label No. | EM 061 017 971 US | | |

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| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>Submit an original, and a duplicate for fee processing</i> 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>287</u>] <i>(preferred arrangement set forth below)</i> -Descriptive title of the Invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description of the Invention (including drawings, if filed) -Claim(s) -Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>3</u>] 4. <input checked="" type="checkbox"/> Oath or Declaration (unexecuted) [Total Sheets <u>2</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> [Note Box 5 below] i. <input type="checkbox"/> <u>DELETION OF INVENTORS(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b). 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input checked="" type="checkbox"/> Computer Readable Copy b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy) c. <input checked="" type="checkbox"/> Statement verifying identity of above copies |
| ACCOMPANYING APPLICATION PARTS | |
| 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in pri. Statement(s) Status still proper and de- ... 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other: | |
| 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: filed . | |

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|---|---|----------|--|--|
| 18. CORRESPONDENCE ADDRESS | | | | |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 20583 <i>(Insert Customer No. or Attach bar code label here)</i> | | or <input type="checkbox"/> Correspondence address below | |
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PENNIE & EDMONDS LLP

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ATTORNEY DOCKET NO. 9710-004-999Date: November 30, 1998

Assistant Commissioner for Patents

Box PATENT APPLICATION

Washington, D.C. 20231

Sir:

The following utility patent application is enclosed for filing:

Applicant(s): Remy Griffais

Executed on: unexecuted

Title of Invention: CHLAMYDIA TRACHOMATIS GENOMIC SEQUENCE AND POLYPEPTIDES, FRAGMENTS THEREOF AND USES THEREOF, IN PARTICULAR FOR THE DIAGNOSIS, PREVENTION AND TREATMENT OF INFECTION

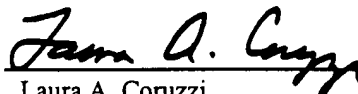
PATENT APPLICATION FEE VALUE

| TYPE | NO. FILED | LESS | EXTRA | EXTRA RATE | FEE |
|---|-----------|------|-------|--------------|-------------|
| Total Claims | 195 | -20 | 175 | \$22.00 each | \$ 3,850.00 |
| Independent | 6 | -3 | 3 | \$82.00 each | \$ 246.00 |
| Minimum Fee | | | | | \$ 4,096.00 |
| Multiple Dependency Fee If Applicable (\$270.00) | | | | | \$ 270.00 |
| Total | | | | | \$ 4,366.00 |
| 50% Reduction for Independent Inventor, Nonprofit Organization or Small Business Concern (a verified statement as to the applicant's status is attached) | | | | | - \$ 0.00 |
| Total Filing Fee | | | | | \$ 4,366.00 |

- ☐ Priority of application no. filed on in is claimed under 35 U.S.C. § 119.
- ☐ The certified copy of the priority application has been filed in application no. filed
- ☐ Amend the specification by inserting before the first line the following sentence: This is a continuation-in-part of application no. filed .

Please charge the required fee to Pennie & Edmonds LLP Deposit Account No. 16-1150. A copy of this sheet is enclosed.

Respectfully submitted,



Laura A. Coruzzi

PENNIE & EDMONDS LLP

 30,742
(Reg. No.)

Enclosure

This form is not for use with continuation, divisional, re-issue, design or plant patent applications.

